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A CASE OF OPHTHALMIC MIGRAINE.[1]

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THE association of diverse nervous phenomena with many cases of migraine has long been recognized by the profession.

Latham speaks of colored glimmerings occurring to the outer side of the visual field, with an inability to see some objects in the field.

Abercrombie compiled many observations of curious motor phenomena, spasmodic and paralytic.

Gowers speaks of aphasia being associated with migraine and numbness of the right side.

Da Costa speaks of its association with numbness and anæsthesia of an extremity

Prony and Féré mention migraine linked with numbness of the hand and tongue, temporary aphasia, and epileptiform attacks.

Charcot points out hemianopsia and aphasia.

Weir Mitchell noted hallucinations.

Dr. Laundly, of London, has recorded a most remarkable case of recurrent migraine, in which during the attack there was paralysis of the third nerve of the left side, ptosis, absolute paralysis of the superior, inferior, and internal recti, pupillary dilatation, and paralysis of accommodation.

[1] Read before the Philadelphia Neurological Society, February 24, 1890.

Recovery after each attack was not absolute. The superior rectus became permanently paralyzed, and the other two recti weakened, and some degree of ptosis persisted.

Other observers have spoken of migraine being occasionally associated with perturbations or affections of taste, smell, hearing, loss of consciousness (partial or complete), vertigo, temporary hemiplegia, and transient blindness.

It is thus manifest that anomalous symptoms, if not frequent, are at least not unusual; but, in spite of this, I beg to present a case, probably not new to my auditors, but which to me was novel and peculiarly interesting.

A single woman, aged thirty-two, of a melancholy temperament and nervous diathesis; has passed the menopause. Family history is neurotic, the mother having had neuralgia and having been hypochondriacal. The father died of phthisis. Ever since her childhood she has had attacks of sick headache, coming on at irregular intervals, a month occasionally intervening. The attacks would terminate in vomiting, and were not connected with menstruation.

About two years ago the menses ceased, and the attacks of pain began to appear, with some degree of regularity, about every three weeks. The attacks are preceded for some hours by dull, unlocalized headache, anorexia, nausea and languor.

The eyes feel heavy and weak, and light is unpleasant. Muscæ volitantes flit before the right eye, followed by colored spectra, flashes of light, and a scintillating scotoma. Intense paroxysms of lancinating pain occur in forehead, temple, and eye of the right side. There is marked photophobia, the eye is red, the pupil is dilated, and reacts slowly to light.

After some hours the paroxysms occur so frequently as to seem almost continuous, violent vomiting sets in, and the patient, apparently from exhaustion, falls into a profound sleep.

On several occasions, with the appearance of the scotoma, she has had numbness, pins and needles, and formication of right arm, lasting until termination of seizure, and accompanied by marked muscular weakness.

Again, anæsthesia of right arm has been observed, lasting for many hours.

Several times hemianopsia has replaced the scotoma, the right lateral half of each visual field being lost.

On one occasion the vomiting was not followed by sleep, and for many hours marked paraphasia existed.

To sum up:

Occasional transient aphasia; transient hemianopsia; numbness, anæsthesia, and muscular weakness in right arm, violent pain in ophthalmic division of the fifth nerve, scintillating scotoma and vomiting, occurring with more or less regularity, in a woman of middle age, of a nervo-melancholy temperament, and in poor general health.

The existence of such symptoms leads us to look for an explanation.

Dr. Liveling maintains emphatically that migraine and epilepsy are closely related.

An attack of migraine, he tells us, is due to an accumulation of nerve force and unstable nerve elements, the accumulated force reaching a high degree of tension, and exploding in a storm of pain.

According to this view, an explosion upon the motor sphere means epilepsy; on the psychic sphere purely, epileptic mania; and on the sensory sphere, neuralgia.

Liveling believes the fundamental cause of migraine to be "a primary and often hereditary vice of the nervous system," and the seat of this nerve instability to be in the optic thalami and parts between them and the roots of the vagi.

Dr. Stevens of New York, on the contrary, looks to reflex peripheral irritation as a cause of migraine, and insists that in most instances he finds this cause to be due to errors of refraction or accommodation.

Dr. Ringer forms a class of diseases, which he calls the explosive neuroses. This includes ordinary neuralgia, tetanus, asthma, epilepsy, migraine, epileptic mania, etc. These are due to a weakening of the nervous power of control, to a loss of resisting power, so that irritations which should cause impressions limited to small and definite areas, cause impressions which diffuse, spread out, flow over wide and often distant regions, producing symptoms according to the region attacked.

Take a case of ophthalmic migraine. The irritation causes primarily a flow of force from the nucleus of the fifth in connection with the ophthalmic division. As resistance

is weakened this force flows back to the nucleus of the pneumogastric, and vomiting occurs.

If the discharge is excessive in power, or if the resistance is much impaired it will flow to more distant points and produce symptoms of the most variable nature (sensory, motor, and psychic).

I would inquire of the Society as to the future of a patient with ophthalmic migraine, especially of this form. Is migraine ever a prodrome or early symptom of serious organic mischief.

Charcot says that the future of a subject of severe migraine is always uncertain. The attacks may recur for years and even pass away entirely, no other trouble being manifested, but in some cases it is a precursor of general paralysis of the insane.

Duchenne considers migraine a not unusual prodrome of tabes dorsalis, and Oppenheim of Berlin found it present in twelve tabetics out of eighty-five.

And finally Austie, noting that neuralgia might precede paralysis of a part, states his belief to be that neuralgia is the first expression of a condition which tends to become paralysis.

CLASSIFICATION OF MENTAL DISEASES.

The "Glascow Medical Journal," February, 1890, quoting from the "Annales Médico-Psychologiques," September, 1889, states that the following classification was presented to the International Congress of Mental Medicine, held in Paris last August, and adopted as a basis for international statistics:

1. Mania, comprising acute delirium.
2. Melancholia.
3. Periodic insanity (double form, etc.).
4. Progressive systematized insanity.
5. Secondary dementia.
6. Organic and senile dementia.
7. General paralysis.
8. Neurotic insanities (hysteria, epilepsy, hypochondria, etc.).
9. Toxic insanities.
10. Moral and impulsive insanity.
11. Idiocy.

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